SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIERD COUNTY; WISCONSIN
Date Strim (Received)

AUG 05,2013

Amount Paid:	Date:	Permit #:	
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	DateAttach	·	this application)	must accompany	ter of authorization	(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)		Agent: _	Authorized
ı			mpany this applicatio	ization must acco	or letters) of author	on the Deed All Owners must sign or letters) of authorization must accompany this application)		Te Multiple	Owner(s):
W	Date 8-(-				Serving Land	purpose of inspection.	<b>≯</b> ₹	above described property attany reason	above descr
owledge that I (we) cept liability which have access to the	E.) rect and complete. I (we) acknowledge that I (we) ssue a permit. I (we) further accept liability which stering county ordinances to have access to the	ENAL HES rue, correct a her to issue a th administer	WIT WILL RESULT IN PE mowledge and belief it is t bunty in determining whet ounty officials charged wir	IN WITHOUT A PER the best of my (our) I d upon by Bayfield C n, I (we) consent to c	RTING CONSTRUCTIO mined by me (us) and to g and that it will be relie in or with this applicatio	FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALLIES and accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct any accompanying information I (we) am (are) providing and that it will be relied upon by <b>Bayfield County</b> in determining whether to issue furner of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administ on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administ on this information I (we) am (are) providing in or with this application.	3 8 6	X.º \$5.7	am (are) sector (a
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1			***			Conditional Use: (explain)		<u>.</u>	<del></del>
	×		2	litera	roof	Condation ( pair	# 1	Rec'd for Issuance	Rec'd
2231	1 × 21 )%	8	house	boat	Alteration (specif	Accessory Building (specify)  Accessory Building Addition/Alteration (specify)	☐ Accesso	Winiicipal Coo	
	×   ?	<u> </u> - -	الراقة المراقة	ik iye	1997	12	<u> </u>		
	×	-		uniter and the second s	ate)	Mobile Home (manufactured date)			
	×	(5)	& food prep facilities)	s, <u>or</u> 🗆 cooking &	sleeping quarter	Bunkhouse $w/(\square$ sanitary, or $\square$ sleeping quarters,	Bunkho	2	
	×	-			rage	with Attached Garage		Commercial Use	Comm
	x )			W		with (2 <sup>nd</sup> ) Deck		·-T	
	××				and the second s	with (2 <sup>nd</sup> ) Porch		T	<u>,</u>
	×		- Annual Principles			with a Porch		ntial Use	Residential Use
	×						Ne Succional		
	×	1	and the second s		ture on property,	Principal Structure (first structure on property)	Principa		
Footage	Dimensions )	-   -		ire	Proposed Structure		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Proposed Use
Square								Olfott menotic	Proposed e
	Height:		Width:		Length:	(if permit being applied for is relevant to it)	t being applied f	Existing Structure: (if permi	Existing Str
	Haight:		variable.						
	11111		_			☐ Foundation	ţ	Property	
	contract)	12	☐ Portable (w/serv	X None	7	1	Run a Business on		
on)	Ilted (min 200 gall	ır ∐ Vaι	☐ Privy (Pit) c				Relocate (existing bldg)	1 	N.
	Sanitary (Exists) Specify Type: (Lewy)	sts) Spec	١,	- 1		2-Story + Loit	Addition/Alteration	-T.,	ري 28 28
X Wel	Specify Type:		☐ (New) Sanitary	] ] <u>1</u>	Seasonal	1 1	New Construction	□ New C	
☐ City		?	- Municipal/C	1000					material
Wate	What Type of Sewer/Sanitary System Is on the property?	What Typ wer/Sanitar is on the pro	Sewe Is o	# of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)		Value at Time of Completion * include
				o Lacorotta in procession in the control of the con	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			land	☐ Non-Shoreland
X	0	feet			If yescontinue	Vis Proberty, raind within 2000 section lif ye	city/ Forial within		
Yes	× es		Distance Structure is from Shoreline:	Distance Stru	or Flowage	1000 feet of Lake, Pond	Lanuward side o	Į.	XShoreland
Are Wetlandi Present?	Is Property in Floodplain Zone?	et :	ture is from Shoreline	Distance Structure	m (incl. Intermittent)	s Property/Land within 300 feet of River, Stream (incl. Intermittent)	erty/Land withir	☐ Is Prop	
) SS				NAMARAGON	NATA	N, Range KOK W	\frac{2}{7}	13 , Township	Section
) )	Acreage	Lot Size						)	
	ਜ <sup>-</sup>	Subdivision:	Block(s) No.	Lot(s) No	Vol & Page	Lot Lot(s) CSM	Gov't Lot	/4,1/4	1/4,
(s) 143	Volume 1047 Page(s) 143	Volume	1-100-007-1	8	digits)	(Use Tax Statement) PIN: (23 digits)		Legal Description:	PROJECT
No	Attached					of Owner(s))	(Person Signing Application on behalf of Owner(s))	<b>nt:</b> (Person Signing A	Authorized Agent:
Written Authorization	Written A	te/Zip):	Agent Mailing Address (include City/State/Zip	pent Mailing Add	28.6				Se/F
hone:	Plumber Phone:		Exercise 1	ć	 		SIRSIRS	STE CASTIE	15 C#5
をかった	507 254-		<u>v</u>	で な た へ こ で こ で こ で こ に の に に に に に に に に に に に に に		<u>√5</u>			Address of Property
	Cell Phone:	1,25	3	SSW BY	2			Evel day	Owner's Name:  DREW MOESS NOR
HER	☐ B.O.A. ☐ OTHER Telephone:		ONAL USE ☐ SPECIAL USE	CONDITIONAL USE	□ PRIVY □	USE SANITARY	► X LAND USE	TYPE OF PERMIT REQUESTED	TYPE OF PERM
.org/zoning/asp	bsite www.bayfieldcounty.org/zoning/asp	our website	HOW DO I FILL OUT THIS APPLICATION (visit our well	DO I FILL OUT TH		Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	ounty Zoning Depa LLL PERMITS HAVE	yable to: Bayfield Co ISTRUCTION UNTIL /	Checks are made pa
		**	Refund:	ing Dept.	Bay field Co. Zoning Dept.	paid.	ed until all fees are	NSTRUCTIONS: No permits will be issued until all fees are paid	INISTRICTIONS: NO

Address to send permit

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allowe

Attach
Copy of Tax Statement
Copy of Tax Statement Deed

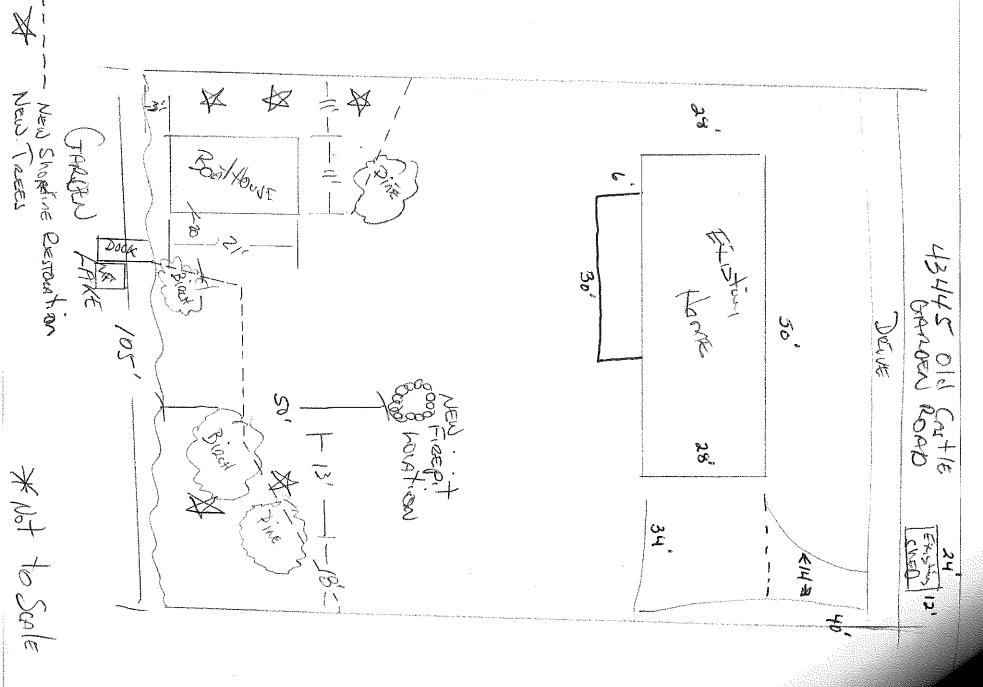
(If you are signing on behalf of the ow

Description	Measurement	Description	Measurement
Sethack from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Sethack from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Sethack from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Sethack from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to <b>Drain Field</b>	Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement of construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be other previously surveyed corner or marked by a licensed surveyor at the owner's expense.	of the minimum required setback, the b owner's expense.		visible from one previously surveyed corner to the
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner within 500 feet of t	eet but less than thirty (30) feet from thor verifiable by the Department by use o		setback must be measured must be visible from the proposed site of the structure, or must be
marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:				
Permit #: /3_/,239	Permit Date: 9.25-13				
Is Parcel a Sub-Standard Lot   Yes (Deed of Record)   Separcel in Common Ownership   Yes (Fused/Configuous Lot(s))   Xes   Xes	ous Lot(s)) XNo Mitigation Required Mitigation Attached	Xyes □ No XYes □ No	Affidavit Required Affidavit Attached	XYes □ No	
Granted by Variance (B.O.A.) □ Yes Xio Case #:	Previously Grant ☐ Yes ≤ No	Previously Granted by Variance (B.O.A.)  □ Yes   No  Case ##	#		
Was Parcel Legally Created XYes □ No Was Proposed Building Site Delineated □ Yes □ No	PYes □ No <del>CXIST NO</del> Were Propert	Were Property Lines Represented by Owner Was Property Surveyed	XYes	□No	88
Inspection Record: for forming structury.	uctur.		Zoning District ( <b>R</b> Lakes Classification (	s (た)	
Date of Inspection: 9-5 13	Inspected by: //// Futals		Date of Re-Inspection:	tion:	
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proetices to proceed	extension or sulation of lake In	ion of lake	- ct	i i	
19			Date of Approvat	Ŭ	
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	Hold For Fees:		and and and the state of divinity of Property and American State of State o	



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PO Box 58
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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) £3 m

27 232013

Refund	Amount Paid:	Date:	Permit #:	
	\$120 9-23-13	9-27-13	13-0333	
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NS IS  (If there are Multiple Owners listed on the Red REPUT Owners TORY September(s) of authorization	I (we) declare that this application arm (are) responsible for the deta	Secretarial Staff	I		Rec'd for Issuance	☐ Municipal Use			☐ Commercial Use			∕ Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (if per		Property		40,000 -	1.	Г	Value at Time of Completion *include donated time & material	□ Non-Shoreland	X Shoreland — XIs Pr		Section 35, To		5	PROJECT Legal D	Authorized Agent: (Person Signing Application on behalf of Owner(s)	Williams YK CONS	40595 CAKE	erty:	Owners Name:	TYPE OF PERMIT REQUESTED	INSTRUCTIONS: No permits will be issued until all fees are paid.  Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
reasonable time for the property of the former to the fore	ncluding an		Conditio			Addition Accesso	-	Bunkhou						☐ Principal			(if permit being applied for is relevant to it)		erty	Run a Business on	Conversion	⊠Addition/Alteration	□ New Construction	<b>Project</b> (What are you applying for)	Was a constant of the constant	operty/Land withir	Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	, Township 45 N		Gov't Lot	Legal Description: (Use Tax Statement)	ng Application on behalf	ONSTRUCTION	FIVE R		en (soll)	D—▶    X LAND USE	issued until all fees ard Id County Zoning Depa TIL ALL PERMITS HAVE
urgoselof Inspection.	TO OBTAIN A PERMIT on onlying information) has been mation I (we) am (are) properties of the control of the con	explain)	Conditional Use: (explain)	for (contain)	ry Building Addition	Addition/Alteration (specify) Accessory Building (specify)	Mobile Home (manufactured date)	use w/ (□ sanitary,	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with a Porch	with Loft	<b>Principal Structure</b> (first structure of Residence (i.e. cabin, hunting shack,			or is relevant to it)		☐ Foundation	□ No Basement			1-Story	# of Stories and/or basement		\(\text{\mathcal{K}}\)s Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	1 300 feet of River, S f Floodplain?	N, Range OS W		(s)			<u> </u>	ح د			USE SANITARY	artment.  BEEN ISSUED TO APPI
september(s) of author	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES y accombanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correcy of all information (twe) am early providing and that it will be relied upon by Bayfield County in determining whether to issue the information (twe) am farely providing in or with this application. I (we) consent to county officials charged with administration (twe) and farely providing in or with this application. I (we) consent to county officials charged with administration (twe) and farely providing in or with this application.		Annual Control	5	Accessory Building Addition/Alteration (specify)	sify)	2	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters,	Garage			<b>,</b>		Principal Structure (first Structure on property Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure	Length:	Length:			t		t 🛮 Year Round	M	ıt Use		Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue —▶	\ \	659F419	CSM Vol & Page	PIN: (23 digits)	Agent Friome:	8/8	Contractor Phone:	tate/Zip:	6836 STM	□ PRIVY	
The think of the second	ION WITHOUT A PERITOR the best of my (our) kn led upon by Bayfield Cou				ify)			or □						V)	ture					□ None		1 X 2		# of bedrooms			<del> </del>	AMAKAGON	7		43-05-33		Acces Mariling Address (include City/State/7in):	Plumber:		TOUR WOOD WHO	☐ CONDITIONAL USE	DRING Dept.  HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp
Moderate Branch	WIT WILL RESULT IN nowledge and belief it is write in determining who unty officials charged w			A-77-2	THE PARTY OF THE P		Tree of the state	cooking & food prep facilities)						- Partition		Width:	Width:	None	☐ Compost Toilet	Portable	Privy (Pit)	(New) Sanitary		Sew Is		Distance Structure is from Shoreline :fee	Distance Structure is from Shoreline :fee	500		의목	3-105-		race (include City/S	3,0		]~I.	Zip:	IS APPLICATION (vis
Date	PENALTIES true, correct and cother to issue a perith administering of		(		-			es)	(	(			- -		Din	4	٥		oilet	<u>  2</u>	or Vault	rists) Specify Type.	City	lhe lat		eline : feet			Lot Size		Volume (		rate/7in):			$\Box$	SPECIAL USE	it our website w
te 9/20	; t and complete. I (we) acknowledge that I (we) se a permit. I (we) further accept liability which tering county ordinances to have access to the	×	,	×	×		× /	×	×	×	× )	×  *	<   ×	×	Dimensions x )	1100000	Height:			act)	Vaulted (min 200 gallon)	(New) Sanitary Specify Type:	Topo.	Type of itary System property?		No	Is Property in Floodplain Zone?		Acrea	.	Recorded Document: (i.e. Property Ownersnip)  Volume $(59)$ Page(s) $(49)$	Attached	Written A	Plumber Phone:	TIS 7号		☐ B.O.A. ☐ OTH  ////// Telephone: C	ww.bayfieldcount
N	owledge that I (we) cept liability which have access to the					Š	シス			tables.		The second secon		*****	Footage	6	0			1		-17	City	Water		□ No	Are Wetlands Present?	8 ACION	ge .		Page(s) 4/9	No No	Written Authorization	Phone:	TAY 2010	1144	DOTHER phone: Q	y.org/zoning/asp

Authorized Agent: (If you are signing on behalf of the owner(s) a letter pany this application)

CONSTRUCTION APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit

Date

Red Attach

Copy of Tax Statement:

Sed the property send your Recorded Deed

## (8) Setbacks: (measured to the closest point)

## Changes in plans must be approved by the Planning & Zoning Dept.

			Feet		Setback to Privy (Portable, Composting)
			Feet	J	Setback to Drain Field
Feet		Setback-to Well	Feet	હ	Setback to Septic Tank or Holding Tank
Feet		Elevation of Floodplain	Feet	8	Setback from the East Lot Line
Feet	<u> </u>	Setback from 20% Slope Area	Feet	<i>V</i> <sup>2</sup>	Setback from the West Lot Line
Feet	ō	Setback from Wetland	Feet	SOF	Setback from the <b>South</b> Lot Line
			Feet	75	Setback from the <b>North</b> Lot Line
Feet	\$	Setback from the Bank or Bluff			
Feet	Z Z	Setback from the River, Stream, Creek	Feet	300 + Feet	Setback from the Established Right-of-Way
Feet	ر ا ا	Setback from the Lake (ordinary high-water mark)	Feet	(X) (O) (A)	Setback from the Centerline of Platted Road
1ent	Measurement	Description	11	Measurement	Description

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Prior to the placement or construction of a structure more than ten [10] feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Ocal Town, Village, City, State or Federal agencies may also require permits.

	Hold For Fees:	Hold For Sanitary: Hold For TBA: Hold For Affidavit:
Date of Approval: 13		signature of inspector: IMCMAN GUITAL
Date of Re-Inspection:	The section $\mathcal{M}$ $$	Condition(s):Town, Committee or Board Conditions Attached? ☐ Yes ☐ No -(If No th
Zoning District $(\mathcal{R}^{\mathcal{H}_{-}})$ Lakes Classification $(\mathcal{S}^{-})$		tallse
¥Yes □ No	Were Property Lines Represented by Owner   1	Parcel Legally Created XYes □ No □ N
	Previously Granted by Variance (B.O.A.)  U Yes (ANo Case #:	Granted by Variance (B.O.A.)  Province   Yes   X No   Case #
Affidavit Required Pes Ano Affidavit Attached Pes X No	Mitigation Required ☐ Yes XNo Aff Mitigation Attached ☐ Yes X No Aff	Is Parcel a Sub-Standard Lot
		Permit # 13-0333 Permit Date: 9-27-1
Sanitary Date: 10-17-97	# of bedrooms:	Issuance Information (County Use Only) Sanitary Number: 07-200 S